

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Center Forward Committee			FEC IDENTIFICATION NUMBER ▼ C C00568444		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div></div> </div>		
Full Name of Payee Universal Strategies			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div><div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div></div> / <div><div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div></div> / <div><div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div></div></div>		
Mailing Address 6114 La Salle Ave			Amount <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">12227.00</div>		
City Oakland		State CA	Zip Code 94611-2802		
Purpose of Expenditure Online video production & placement		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div></div></div>	
Name of Federal Candidate Kyrsten Sinema			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> District: 09 State: AZ </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">12227.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div><div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div></div> / <div><div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div></div> / <div><div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div></div></div>		
Mailing Address			Amount <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
City		State	Zip Code		
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div></div> / <div><div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div></div> / <div><div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div></div></div>	
Name of Federal Candidate			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> District: _____ State: _____ </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; width: 100%; height: 20px;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">12227.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">12227.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jefferies Murray

Signature _____

[Electronically Filed]

Date

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